

# **Exhibit 2**

INCIDENT REPORT  
Form 04/008  
1160-25-56

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

☐ Person

☒ Property

☐ Vehicle

☐ Miscellaneous

Domestic Related ☐

Gang Related ☐

Juvenile Related ☐

Hate Crime ☐

|  |   |  |
|--|---|--|
| 1 Crime / Incident<br><b>Larceny</b>   | Attempt <input type="checkbox"/>                | 2 Complaint Number<br><b>12587252</b>  |
| 3 Location of Offense / Incident (Exact Street Address)<br><b>316 Woodhurst Rd</b> |   | Page <b>1</b> of <b>2</b>  |
| 4 Date / Time Occurred<br><b>2/13/12 @ 1230-2/19/12 @ 155</b>                      | 5 Date / Time Reported<br><b>2/17/12 @ 1225</b> |  |
| 11 Location Given by Dispatcher<br><b>S.I.A.</b>                                   | 12 Companion Report No.                         |  |
| 18 Describe Location of Offense or Type of Premise<br><b>Police Waiting Lounge</b> |   | 19 Reported by Crime Watcher<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |  |                              |                              |
|--|---|--|------------------------------|------------------------------|
| 6 Unit<br><b>5026</b>  | 7 Post of Occurrence<br><b>521</b>  | 8 Reporting Area   | 9 Street Code                | 10 CAP Number<br><b>1076</b> |
| 13 Case Status<br><input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed | 14 Case Disposition<br><input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared | 15 Follow-up<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 16 Crime Code<br><b>60.5</b> | 17 Classification            |

|   |  |  |  |                  |   |                        |
|---|--|--|--|------------------|---|------------------------|
| 20 Complainant / Victim<br><b>Little, James</b>           | Name (Last, First, MI), or Firm Name if Business | Residence / Address (Include City, County, State, Zip)<br><b>2123 Chapel Valley Trn. 21093</b> | Sex<br><b>M</b>  | Race<br><b>W</b> | Age<br><b>40</b>  | DOB<br><b>11/24/71</b> |
| Where Employed or School Attending (Include City Located) |  | Occupation   | Hours of Employment/Residence Phone<br><b>410-433-1111</b>                                 |                  | Other Phone   | Sobriety               |
| 21 Injuries and Location on Body                          |  | Victim's Condition   | Victim Hospitalized<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Facility         | 22 Victim / Assailant Relationship<br><b>UNK</b>  |                        |
|   |  |  |  |                  | 23 Current / Former Cohabitant<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |

|   |                        |                 |                  |                  |                        |  |                 |             |
|---|------------------------|-----------------|------------------|------------------|------------------------|--|-----------------|-------------|
| 24 Reporting Person<br><b>Same as #20</b> | Name (Last, First, MI) | Sex<br><b>M</b> | Race<br><b>W</b> | Age<br><b>40</b> | DOB<br><b>11/24/71</b> | Address (Include City, County, State, Zip) | Residence Phone | Other Phone |
|---|------------------------|-----------------|------------------|------------------|------------------------|--|-----------------|-------------|

|  |                        |  |                 |             |
|--|------------------------|--|-----------------|-------------|
| 25 Witness Parent/Guardian<br><input type="checkbox"/> | Name (Last, First, MI) | Address (Include City, County, State, Zip) | Residence Phone | Other Phone |
|--|------------------------|--|-----------------|-------------|

|  |                         |   |                 |                  |                  |                        |               |        |
|--|-------------------------|---|-----------------|------------------|------------------|------------------------|---------------|--------|
| 26 Suspect<br><b>Unidentified Person</b> | Name (Last, First, MI)  | Address (Include City, County, State, Zip)                              | Sex<br><b>M</b> | Race<br><b>W</b> | Age<br><b>40</b> | DOB<br><b>11/24/71</b> | Height        | Weight |
| Complexion                               | Hair Color/Length/Style | Hat   | Eyes            | Facial Hair      | Teeth            | Shirt/Coat             |               |        |
| Pants                                    | Shoes                   | Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.) |                 |                  |                  |                        | Arrest Number |        |

|   |                   |                       |                     |                        |
|---|-------------------|-----------------------|---------------------|------------------------|
| 27 Trademarks of Suspect(s) (Action / Conversation) | 28 Point of Entry | 29 Location Last Seen | 30 Manner of Escape | 31 Direction of Escape |
|---|-------------------|-----------------------|---------------------|------------------------|

|   |   |   |                     |
|---|---|---|---------------------|
| 32 Weapon / Means of Attack<br><b>HANDS</b> | 33 Method Used to Commit Crime<br><b>CARRIED AWAY PROP.</b> | 34 Type of Property Taken<br><b>LAPTOP COMPUTER</b> | 35 Total Loss Value |
|---|---|---|---------------------|

|  |                     |   |  |  |   |   |  |
|--|---------------------|---|--|--|---|---|--|
| 36 Vehicle Information<br><input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other | Tag Number          | State   | Expiration   | Vehicle Year/Make  | Model   | Body Style/Color  | Mileage  |
| Vehicle Identification Number (VIN)  |                     | Ignition Locked<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Keys in Ignition<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Doors Locked<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Windows Closed<br><input type="checkbox"/> Yes <input type="checkbox"/> No    | Radio in Car<br><input type="checkbox"/> Yes <input type="checkbox"/> No      | Battery in Car<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37 Registered Owner Name (Last, First, MI)   |                     | Sex<br><b>M</b>   | Race<br><b>W</b>   | Age<br><b>40</b>   | DOB<br><b>11/24/71</b>  | Address (Include City, County, State, Zip)                                    |  |
| 38 Recovered by  | 39 Method of Theft  | 40 Evidence of Stripping / Tampering  |  | 41 Repo. Check<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 42 Tow List Check<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 43 Owner Notified<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 44 Tow Information   | Location Towed From | Location Towed To   | Towed by   | Tow Truck Operator Signature   |   |   |  |

|                              |                         |             |                             |      |                              |      |      |
|------------------------------|-------------------------|-------------|-----------------------------|------|------------------------------|------|------|
| 45 Detective Notified        | Sequence No. Assignment | Unit Number | Date                        | Time | 46 Medical Examiner Notified | Date | Time |
| 47 Crime Lab Technician Name | Unit Number             | Time        | 48 Hot Desk Person Notified |      | Time                         |      |      |

|   |   |      |   |                 |
|---|---|------|---|-----------------|
| 49 Communications Supervisor Notified<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 50 Citywide Broadcast<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Time | 51 Victim Assistance/Incident Information Explain Form(s) Provided<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>30A Form</b> |
|---|---|------|---|-----------------|

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|-----------------|--|
| Cont'd Sections | Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges. |
|-----------------|--|

|  |  |                       |
|--|--|-----------------------|
| 1 <b>15" Silver Macbook Pro, UNK. SERIAL #</b>   |  | <b>Value: 1600.00</b> |
| <p><b>Property Taken</b></p> <p><b>On 2/12/12 @ 1625, I responded to 316 Woodhurst for a larceny. On scene I spoke to MR Little who stated on 2/13/12 @ 1230 he left his macbook on a table in the waiting area of an office named</b></p> |  |                       |

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 53 Reporting Officer Name (PRINT CLEARLY)<br><b>ALVAREZ</b>      | Sequence No. Assignment<br><b>NO</b> | Signature<br><b>[Signature]</b> |
| 54 Approving Supervisor Rank and Name<br><b>Sgt. [Signature]</b> | Sequence No. Assignment<br><b>NO</b> | Signature<br><b>[Signature]</b> |
| 55 RMS Data Entered By<br><b>MNUP</b>                            | Sequence No. Date<br><b>7437</b>     | Time                            |
| 56 Reviewer<br><b>[Signature]</b>                                | 57 Referred To<br><b>[Signature]</b> |                                 |

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK



SUPPLEMENT REPORT  
Form 04/007  
1160-25-53POLICE DEPARTMENT  
BALTIMORE, MARYLAND

|  |  |   |  |
|--|--|---|--|
| 1 Crime / Incident<br><i>Larceny</i>   |  | Attempt <input type="checkbox"/>  | 2 Complaint Number<br><i>1258 7232</i> |
| 3 Location of Offense / Incident (Street Address, Zip)<br><i>316 Wundhurst Rd</i>            |  | Page <i>2</i> of <i>2</i>   |  |
| 4 Date / Time of This Report<br><i>2/13/12 @ 1625</i>  |  | 5 Arrest / Custody Number   |  |
| 11 Original Report Date / Time   |  | 12 Offense / Incident Changed From  |  |
| 13 Case Status<br><input type="checkbox"/> Open <input type="checkbox"/> Closed              |  | 14 Multiple Clearance<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 15 Case Disposition<br><input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared |  | 16 Follow-up<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 17 Crime Code  |  | 18 Crime Classification<br><i>63</i>  |  |

|   |  |   |                  |
|---|--|---|------------------|
| 19 Complainant/Victim<br><i>Little, James</i> | Name (Last, First, MI), or Firm Name if Business | Residence / Address (Include City, County, State, Zip)<br><i>2123 Chapel Valley Timonium 21091 MD 410 4/24/91</i> | Sex Race Age DOB |
|---|--|---|------------------|

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Conf'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

Greenleaf title. When he returned on 2/13/12 @ 1330, he noticed his notebook was missing from outtop of the table. My Investigation revealed that Mr. Little left his laptop in an area that was open to the public and not secured. When he left his laptop unattended an unidentified person walked out of the waiting area with his personal laptop, then fled in an unknown direction and manner. He waited this long to report it thinking a co-worker may have moved it. Thru our main entrance to the office and that door is unlocked + open to the public during 8-to 4 business hours. There are no cameras in that area + neighboring businesses @ 314, + 312 saw nothing. Mr. Little will call back once he obtains the serial number.

Continued ☐

|   |              |  |      |                                 |
|---|--------------|--|------|---------------------------------|
| 21 I affirm and declare that the statements above are true to the best of my knowledge: |              | Reporting Person's Signature             |      | Date                            |
| 22 Reporting Officer Name (PRINT CLEARLY)<br><i>James Little</i>                        |              | Sequence No. Assignment<br><i>602 ND</i> |      | Signature<br><i>[Signature]</i> |
| 23 Approving Supervisor Rank and Name<br><i>Sgt. James D. Massey 1985 NI</i>            |              | Sequence No. Assignment                  |      | Signature<br><i>[Signature]</i> |
| 24 RMS Data Entered By  | Sequence No. | Date                                     | Time | 25 Reviewer                     |
|   |              |  |      | 26 Referred To                  |

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